

State of Wisconsin
Dept. of Workforce Development
Equal Rights Division
Labor Standards Bureau

Labor Standards Complaint

Personal information you provide may be used for secondary purposes. [Privacy Law, Section 15.04(1)(m) Wisconsin Statutes.]

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Return form for work done in Calumet, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Milwaukee, Ozaukee, Racine, Sheboygan, and Washington counties to:

EQUAL RIGHTS DIVISION
819 NORTH SIXTH ST ROOM 255
MILWAUKEE WI 53203

Office Use Only

Return form for work done in the **rest of the state** to:

EQUAL RIGHTS DIVISION
PO BOX 8928
MADISON WI 53708

Please Type Or Print In Black Ink All Applicable Information

Complainant Information	Employer Information
<input type="checkbox"/> Mr. Print Your Name <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Business Name
Your Street Address	Business Street Address
City, State, Zip Code	City, State, Zip Code
Date of Birth (mm/dd/yr)	County Name
Social Security Number	Owner/Corporation Name
Home Telephone Number (include area code) ()	Type of Business
Work Telephone Number (include area code) ()	Business Telephone Number (include area code) ()

Check the appropriate boxes below and summarize your complaint. How much money do you think your employer owes you? Explain how you determined the amount due. Include the time period it is for. Be as specific as possible. If your claim is for vacation or other types of leave, please enclose copies of any written policies you have.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Child Labor | <input type="checkbox"/> Unpaid hours of Work | <input type="checkbox"/> One Day of Rest in Seven |
| <input type="checkbox"/> Medical Exam | <input type="checkbox"/> Minimum Wage | <input type="checkbox"/> Streets Trade | <input type="checkbox"/> Deductions from Wages |
| <input type="checkbox"/> Personnel Records | <input type="checkbox"/> Seats for Workers | <input type="checkbox"/> Severance Pay | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Bonus Pay | <input type="checkbox"/> Vacation/Holiday/Sick Pay | <input type="checkbox"/> Other | |

Remember that the department does not assume your complaint is valid just because you have filled out this form. In case of a dispute it is your responsibility to prove that your complaint is valid.

You must also complete Page 2 of this form

Employment and Wage Information

Please attach a copy of a check stub or W-2 form, if available.

Have you asked for your wages?		What date did you ask?		
What did the employer say?				
Hourly Rate of Pay \$	Salary \$	Commission	Piece Rate/Flat rate \$	
How often were you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):				
Did you receive tips? If yes, were tips reported to employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Average amount of tips per day? \$
Did you receive meals, lodging or anything else in addition to your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Do you owe the employer for such things as advances, merchandise or other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
How many hours per day did you usually work?	How many hours per week?	Does the Employer keep time records? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check all the boxes that apply to the types of records you have kept: <input type="checkbox"/> Hours worked (If checked submit with complaint) <input type="checkbox"/> Check stubs <input type="checkbox"/> Deduction Slips <input type="checkbox"/> No records				
Give your jobs title and briefly describe the kind of work you did.				
Street address where you worked	City	State	Zip Code	County where you worked

You must complete the next line. If unsure, please estimate month & year.

First date worked	Last date worked	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Laid Off <input type="checkbox"/> Other
Has employer filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed this claim in court? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a union to represent you? <input type="checkbox"/> Yes <input type="checkbox"/> No

The statements made on this complaint are true to the best of my knowledge. I understand that if the employer wants to review this complaint, it is an open record, and will be provided to the employer under the provisions of Wisconsin's Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department.

Your Signature is required	Date Signed
----------------------------	-------------

Child Labor – Complete if you were under age 18 at time of employment.

Was a work permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter date permit was issued:
Are you still in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date you graduated:	Are you enrolled in any of the following: <input type="checkbox"/> Alternative School <input type="checkbox"/> GED/HSED Program <input type="checkbox"/> Home Schooling <input type="checkbox"/> Charter School
Name of current or last school attended	Address of current or last school attended